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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

ECRETARY OF THE SENATE

	For		An Authorized Committee		15 MA Omboluso Bill 3: 23	
NAME OF COMMITTEE (in full)	TYPE OR PRI	T Example: If typing, type over the lines.		[12FE4N	12FE4M5	
Bellows For Senate						
ADDRESS (number and str	reet) P.O. Box 13	6	- 			
0						
Check if different than previously reported. (ACC)	Manchester CIT	Y STATE	04351 ZIP C	ÖDE	-	
2. FEC IDENTIFICATION I	NUMBER 3. IS	THIS NEW OR (A))	STATE DISTRICT	
C00550434	C00550434		ORT LI(N) CA (A)			
4. TYPE OF REPORT (Choose One)					
(a) Quarterly Reports:		(b) 12-Day PRE-Election Report for the:				
✓ April 15 Quarterly Report (Q1)		Primary (12P) General (12G)			Runoff (12R)	
☐ July 15 Quarterly l		Convention (12C)	Special (128	5)		
☐ October 15 Quarterly Report (Q3) ☐ January 31 Year-End Report (YE)		Election on	and the second	in the State of		
		(c) 30-Day POST-Elec	tion Report for the:			
		☐ General (30G) Runot	f (30R)	Special (30S)	
Termination Report (TER)		Election on		in the State of	grippinis di spraiki ding	
5. Covering Period	01/01/2015] through o	3/31/2015			
I certify that I have examin	ned this Report and to	o the best of my knowledge	and belief it is true, c	orrect and comple	ete.	
Type or Print Name of Tre	easurer Shenna	Bellows	<u> </u>			
Signature of Treasurer	Shem	a Billow	Date	5/6/3	OIS on the Same and	
NOTE: Submission of fal-	se, erroneous, or inc	omplete information may sul	oject the person signi	ng this Report to	the Penalties of 2 U.S.C. 437g.	
Office Use Only					FEC FORM 3 (Revised 02/2003)	

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